



The Commonwealth of Massachusetts

Division of Marine Fisheries

251 Causeway Street, Suite 400

Boston, Massachusetts 02114-2152

(617) 626-1520

LOBSTER TRAP ALLOCATION-2004 TRANSFER APPLICATION

Please complete the entire application and return to the above address.

TRANSFEROR (current trap allocation holder)

PLEASE TYPE OR PRINT INFORMATION CLEARLY:			<u>Vessel & Permit Information</u>		
Last Name _____ First Name _____ Initial _____			Vessel Name: _____		
Street _____ City/Town _____ State, Zip Code _____			MS/DOC #: _____		
Mailing Address (If different than above) _____ City/Town _____ State, Zip Code _____			NMFS Federal Lobster Permit #: _____		
E-Mail Address: _____			MA Lobster Permit #: _____ LMA: _____		
Telephone #: (_____) _____ - _____ Cell phone #: (_____) _____ - _____			MA Permit Type: <input type="checkbox"/> Coastal or <input type="checkbox"/> Offshore		
			<u>Trap Information</u>		
			Current Trap Allocation: _____		
			Amount to be transferred: _____ (must transfer in blocks of 50 or entire allocation)		
			Remaining Trap Allocation: _____		
I, _____ agree to transfer the allocation amount of _____ traps to _____, which will lower my total allocation of traps to: _____.					
Transfers become valid upon approval of the Division of Marine Fisheries, and effective on the January 1 following the approval date. An exception to the January 1 st date will be granted by the Division during the first year of a Lobster Management Area Transfer Program.					

TRANSFEEE (trap allocation transfer recipient)

PLEASE TYPE OR PRINT INFORMATION CLEARLY:			<u>Vessel & Permit Information</u>		
Last Name _____ First Name _____ Initial _____			Vessel Name: _____		
Street _____ City/Town _____ State, Zip Code _____			MS/DOC #: _____		
Mailing Address (If different than above) _____ City/Town _____ State, Zip Code _____			NMFS Federal Lobster Permit #: _____		
E-Mail Address: _____			MA Lobster Permit #: _____ LMA: _____		
Telephone #: (_____) _____ - _____ Cell phone #: (_____) _____ - _____			MA Permit Type: <input type="checkbox"/> Coastal or <input type="checkbox"/> Offshore		
			<u>Trap Information</u>		
			Current Trap Allocation: _____ +		
			Amount to be transferred: _____ -		
			Less 10% (conservation tax): _____ =		
			New Trap Allocation (max 800): _____ :		
I, _____ agree to accept the allocation transfer of _____ traps from _____, minus the 10% conservation tax , resulting in _____ traps transferred.					
Transfers become valid upon approval of the Division of Marine Fisheries, and effective on the January 1 following the approval date. An exception to the January 1 st date will be granted by the Division during the first year of a Lobster Management Area Transfer Program.					

Signatures of Both the Transferor and Transferee must be notarized.

Signature of Transferor

Signature of Transferee

Sworn to and subscribed before me this _____ Day of _____, 20____

Sworn to and subscribed before me this _____ Day of _____, 20____

Notary: _____

Notary: _____